

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/516980	FILING DATE 4/24/06				
CLAIMS							AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	AS FILED		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1							
2			1		1							
3			1									
4			3		3							
5			2		2							
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TOTAL IND.				4								
TOTAL DEP.				15								
TOTAL CLAIMS			19									

CLAIMS							AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	AS FILED		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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